

PTO/SB/21 (05-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/724,567	
	Filing Date	November 28, 2000	
	First Named Inventor	Schenk, Dale B.	
	Art Unit	1647	
	Examiner Name	Christopher Nichols	
Total Number of Pages in This Submission	13	Attorney Docket Number	015270-005911US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pages) w/attached PTO/SB/08B (1 page) w/ references 349 (3 pages) & 350 (5 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Supplemental Application Data Sheet (1 page)
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. <div style="text-align: right; font-size: 2em; font-weight: bold;">OFFICIAL</div>

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Rosemarie L. Celli Reg. No. 42,397
Signature	<i>Rosemarie L. Celli</i>
Date	May 27, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9308 on May 27, 2003	
Typed or printed name	Rosemarie L. Celli
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Attorney Docket No.: 015270-005911US
Client Reference No.: 209-US-NEW6C1

at Fax No.: (703) 872-9306

On May 27, 2003

TOWNSEND and TOWNSEND and CREW LLP

By: Norman L. Elli

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dale B. Schenk

Application No.: 09/724,567

Filed: November 28, 2000

For: PREVENTION AND TREATMENT
OF AMYLOIDOGENIC DISEASE

Examiner: Christopher Nichols

Art Unit: 1647

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on the attached PTO/SB/08B form are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

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M.G.
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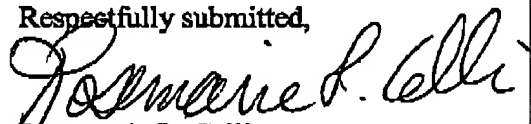
PATENT

This IDS is being filed after the first office action was mailed but before the mailing date of the final office action or notice of allowance. Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

CERTIFICATION

I hereby certify that no item of information contained in the Supplemental Information Disclosure Statement filed herewith was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the undersigned's knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of this Supplemental Information Disclosure Statement.

Respectfully submitted,


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